

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

1997 AUG 18 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000066671 (5)**  
 1. Corporation Name  
**VIZCAYA GROUP, INC.**



Principal Place of Business <b>8536 LAKE VISTA CT. SUITE 6310 ORLANDO FL 32821</b>	Mailing Address <b>8536 LAKE VISTA CT. SUITE 6310 ORLANDO FL 32821</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 FLORIDA	22 1207 E. CENTRAL BLVD #3	26 P.O. BOX 149852	27 ORLANDO, FL	08/28/1995	08/01/1996	4. FEI Number 59-3336361	
23 ORLANDO		28 ORLANDO, FL		5. Certificate of Status Desired		Applied For	
24 32801	25 ORANGE	29 32814	30 ORANGE	<input type="checkbox"/>		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OWENS, LYNNE E 8536 LAKE VISTA CT, SUITE 6310 ORLANDO FL 32821				B1 Name LYNNE E. OWENS			
				B2 Street Address (P.O. Box Number is Not Acceptable) 1207 E. CENTRAL BLVD. SUITE 3			
				B3			
				B4 City ORLANDO			
				B5 Zip Code FL 32801			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.							
SIGNATURE <i>[Signature]</i> 8/14/97							

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SEITZ, ROBERT J		1.2 NAME	ROBERT J SEITZ			
STREET ADDRESS	8548 LAKE VISTA CT, SUITE 7101		1.3 STREET ADDRESS	1207 E. CENTRAL BLVD, #3			
CITY-ST-ZIP	ORLANDO FL 32821		1.4 CITY-ST-ZIP	ORLANDO, FL 32801			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OWENS, LYNNE E		2.2 NAME	LYNNE E. OWENS			
STREET ADDRESS	8536 LAKE VISTA CT, SUITE 6310		2.3 STREET ADDRESS	1207 E. CENTRAL BLVD #3			
CITY-ST-ZIP	ORLANDO FL 32821		2.4 CITY-ST-ZIP	ORLANDO, FL 32801			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

600002271546-4  
 -08/19/97-04075-016  
 \*\*\*\*\*165.00 \*\*\*\*\*165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

*[Signature]*

CR2E034 (4/97)

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Vizcaya Group, Inc.  
P.O.Box 149850  
Orlando, Fl. 32814

August 14, 1997

Re: Division of Corporations  
Annual Report

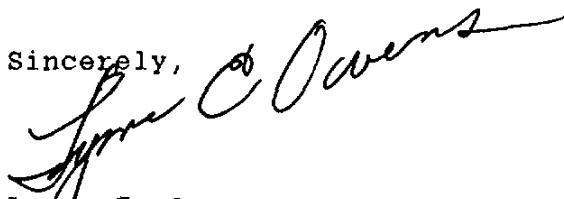
Dear Secretary of State;

As per my telephone call to your office today I am writing this letter to inform you that we did not receive the first notice to file our corporation report.

We had been in the State of Wisconsin during the months of February and March and the report was not received by us before we left or on our return. We spent the months of June and July also in Wisconsin.

We have established a new P.O. Box keep our mail up to date . I am enclosing a check for one hundred sixty five dollars as I was instructed by one of your employees. I hope that this will keep our corporation open. Our mail should be received without a problem from now on.

Sincerely,



Lynne E. Owens  
President/Ceo